

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014310

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

64

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hayti</u> 0780	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pem. Co. Mem. Hosp.</u>				Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>South Heights</u>	
3. NAME OF DECEASED (Type or print) First <u>Millie</u> Middle <u>Holman</u> Last <u>Holman</u>				4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>1959</u>			
5. SEX <u>Female</u> 3		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>about 80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Alabama</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Means</u>				13b. MOTHER'S MAIDEN NAME <u>Frances Robinson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war, state of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT <u>William Stephens, Dolly</u> Address <u>Mississippi</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mesenteric Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Bronchopneumonia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Several yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>7:35 P.M.</u> Month <u>May</u> Day <u>4</u> Year <u>59</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Hayti Mo.</u>		COUNTY <u>Pemiscot Co.</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>May 4th, '59</u> to <u>May 5th, '59</u> and last saw her alive on <u>May 5th, '59</u> Death occurred at <u>7:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John K. Ambush MD</u> (Degree or title)				22b. ADDRESS <u>Hayti Mo.</u>		22c. DATE SIGNED <u>5/7/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-8-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Concord, Cemetery</u>		23d. LOCATION (City, town, or country) <u>Pemiscot Co, Missouri.</u>	
24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5/8/59</u>		26. REGISTRAR'S SIGNATURE <u>Valeria Popham</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

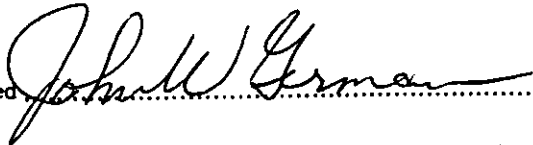
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4355.....

P. O. Address....Hayti, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.